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1017-0012

FACSIMILE COVER SHEET

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DATE: October 28, 2005
TO: Examiner CARDONE, Jason D. FAX NO.: 571-273-8300
USPTO GPAU 2145
FROM: John R. Schell / *msc*
Reg. No. 50,776
RE: REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND
CHANGE OF CORRESPONDENCE ADDRESS

U.S. APP NO.: 10/057,563

FILING DATE: 01/25/2002

APPLICANT(S): Michael Primm et al.

ATTY DKT NO.: 1017-0012

TITLE: METHOD AND SYSTEM FOR A SET OF NETWORK
APPLIANCES WHICH CAN BE CONNECTED TO PROVIDE
ENHANCED COLLABORATION, SCALABILITY, AND
RELIABILITY

NO. OF PAGES (INCL. COVER SHEET): 3

MESSAGE:

Attached please find:

- ☒ PTO/SB/21 Transmittal Form (1 pg.)
- ☒ PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of
Correspondence Address (1 pg.)

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PTO/SB/21 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/057,563	
	Filing Date	01/25/2002	
	First Named Inventor	Michael Primm	
	Art Unit	2145	
	Examiner Name	CARDONE, Jason D.	
Total Number of Pages in This Submission	2	Attorney Docket Number	1017-0012-US

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
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Remarks Customer No. 34456		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	TOLER, LARSON & ABEL, LLP	
Signature		
Printed name	John R. Schell	
Date	10-27-05	Reg. No. 50,776

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Laura H. Andre	Date 10/28/2005

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PTO/SB/83 (09-04)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/057,563
Filing Date	01/25/2002
First Named Inventor	Michael Primm
Art Unit	2145
Examiner Name	CARDONE, Jason D.
Attorney Docket Number	1017-0012-US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **34456**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

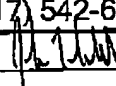
Transfer of file to another firm.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.				
Address	One Financial Center				
City	Boston	State	MA	Zip	02111
Country	United States				
Telephone	(617) 542-6000			Fax	(617) 542-2241
Signature					
Name	John R. Schell			Registration No.	50,776
Date	10-27-05			Telephone No.	(512) 327-5515

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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